

WATERBORNE DISEASES OUTBREAK REPORT

This form should be used to report outbreaks of illness after consumption or use of water intended for drinking, as well as outbreaks associated with exposure (ingestion, contact or inhalation) to recreational water, **excluding** wound infections caused by water-related organisms.

CDC USE ONLY

Form Approved
OMB No. 0920-0004

SUBMITTED COPIES OF THIS FORM SHOULD INCLUDE AS MUCH INFORMATION AS POSSIBLE; BUT THE COMPLETION OF EVERY ITEM IS NOT REQUIRED.

1. TYPE of EXPOSURE: <input type="checkbox"/> Water intended for drinking <input type="checkbox"/> Recreational	2. LOCATION of OUTBREAK: State: _____ City or Town: _____ County: _____	3. DATE of OUTBREAK: (Date first case became ill): <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Mo.</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Day</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Yr.</div></div>	4. NUMBERS OF: <table border="1" style="width:100%; border-collapse: collapse;"><tr><th></th><th>Actual</th><th>Estimated</th></tr><tr><td>Persons exposed:</td><td></td><td></td></tr><tr><td>Persons ill:</td><td></td><td></td></tr><tr><td>Hospitalized:</td><td></td><td></td></tr><tr><td>Fatalities:</td><td></td><td></td></tr></table>		Actual	Estimated	Persons exposed:			Persons ill:			Hospitalized:			Fatalities:																																																																										
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5. HISTORY of EXPOSED PERSONS: <i>Enter the no. of persons with the following symptoms:</i> Diarrhea (3 stools/day): _____ Diarrhea (other): No. _____ / definition – _____ Visible blood in stools: _____ Cramps: _____ Conjunctivitis: _____ Other, specify: _____ Vomiting: _____ Fever: _____ Otitis externa: _____ Nausea: _____ Rash: _____ Cough: _____			6. INCUBATION PERIOD: (HOURS) Shortest: _____ Longest: _____ Median: _____		7. DURATION of ILLNESS: (DAYS) Shortest: _____ Longest: _____ Median: _____																																																																																					
8. SPECIMENS EXAMINED from PATIENTS: (stool, vomitus, serum, etc.) <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>SPECIMEN</th><th>No. PERSONS</th><th>FINDINGS</th></tr></thead><tbody><tr><td>EXAMPLE Stool</td><td>11</td><td>8 <i>Giardia lamblia</i> 3 negative</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			SPECIMEN	No. PERSONS	FINDINGS	EXAMPLE Stool	11	8 <i>Giardia lamblia</i> 3 negative													9. ETIOLOGY of OUTBREAK: <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Agent (If not known enter "Unk.")</th><th colspan="2">Diagnostic Certainty</th></tr><tr><th>Confirmed</th><th>Suspected</th></tr></thead><tbody><tr><td>Pathogen:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Chemical:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Other:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">Comments: </td></tr></tbody></table>			Agent (If not known enter "Unk.")	Diagnostic Certainty		Confirmed	Suspected	Pathogen:	<input type="checkbox"/>	<input type="checkbox"/>	Chemical:	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	Comments: 																																																				
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10a. EPIDEMIOLOGIC DATA: (e.g., vehicle/source - specific attack rates; attack rate by quantity of vehicle consumed) <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">EXPOSURE (vehicle/source)</th><th colspan="4">Number of Persons EXPOSED</th><th colspan="4">Number of Persons NOT EXPOSED</th><th rowspan="2">ODDS RATIO (If available)</th><th rowspan="2">p VALUE or CONFIDENCE INTERVAL (If available)</th></tr><tr><th>ILL</th><th>NOT ILL</th><th>TOTAL</th><th>% ILL</th><th>ILL</th><th>NOT ILL</th><th>TOTAL</th><th>% ILL</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						EXPOSURE (vehicle/source)	Number of Persons EXPOSED				Number of Persons NOT EXPOSED				ODDS RATIO (If available)	p VALUE or CONFIDENCE INTERVAL (If available)	ILL	NOT ILL	TOTAL	% ILL	ILL	NOT ILL	TOTAL	% ILL																																																																		
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10b. VEHICLE/SOURCE RESPONSIBLE: (implicated by epidemiologic evidence in [10a]) _____																																																																																										
11. WATER SUPPLY CHARACTERISTICS: (skip to question 12, if recreational exposure) <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">a) TYPE OF WATER SUPPLY: <input type="checkbox"/> Community or Municipal <input type="checkbox"/> City or County (Name: _____) <input type="checkbox"/> Subdivision <input type="checkbox"/> Trailer Park <input type="checkbox"/> Noncommunity (does not obtain water from a community water system, but has developed/maintained its own water supply) <input type="checkbox"/> Camp, Cabin, Recreational area <input type="checkbox"/> School <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> Church <input type="checkbox"/> Other: _____ <input type="checkbox"/> Individual household supply <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: _____</div><div style="width: 30%;">b) WATER SOURCE: (check source that was cause of outbreak) <input type="checkbox"/> Well <input type="checkbox"/> River, Stream <input type="checkbox"/> Lake, Pond, Reservoir <input type="checkbox"/> Spring <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown</div><div style="width: 30%;">c) WATER TREATMENT PROVIDED: (check all that apply) <input type="checkbox"/> No treatment <input type="checkbox"/> Disinfection <input type="checkbox"/> Chlorine <input type="checkbox"/> Chlorine and Ammonia (chloramine) <input type="checkbox"/> Ozone <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Coagulation and/or Flocculation <input type="checkbox"/> Settling (sedimentation) <input type="checkbox"/> Filtration at purification plant (don't include home filters) <input type="checkbox"/> Rapid sand <input type="checkbox"/> Slow sand <input type="checkbox"/> Diatomaceous earth <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown</div></div>																																																																																										

